



City of Lockport

Assessment Department

ADDRESS CHANGE FORM

Tax Map Number:	
Property Location:	
Today's Date:	
Name of Owner(s)	
New Address:	
City, State, Zip:	
Telephone Number:	
Email Address:	

I, _____ certify that I am the owner, or legal representative of the owner, of/for the above mention property, and I have the authority to request this change of address.

Signature of Owner or Legal Representative

RETURN COMPLETED FORMS TO:

CITY OF LOCKPORT
ASSESSMENT DEPARTMENT
ONE LOCKS PLAZA
LOCKPORT, NY 14094

SPACE BELOW FOR DEPARTMENT USE

<p>Date</p> <p>Received</p>

ENTERED IN RPS: []

WATER DEPT NOTIFIED: []

TREASURER NOTIFIED []